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DRA—CITIZENSHIP REQUIREMENTS

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0300.25.05 Technical Eligibility Requirements

REV:06/1994

REV:07/2006

Technical eligibility requirements for the Rhode Island Medical Assistance Program are citizenship, residence and possession of, or application for, a social security number.

Effective July 1, 2006, in conformance with the federal Deficit Reduction Act of 2005, both applicants and recipients for Medical Assistance must submit verification of both citizenship and identity. All applicants must submit verification of citizenship and identity at the time of application for benefits. Recipients who have not previously provided verification of citizenship and identity to the Medical Assistance Program must submit this verification at the time of redetermination.

Applicants who do not comply with the requirement to verify both citizenship and identity will be denied medical assistance benefits. Recipients who do not comply with the requirement to verify both citizenship and identity will have their medical assistance benefits terminated.

0304.05.05 The SAVE Program

REV:06/1994

REV:07/2006

The Immigration Reform and Control Act of 1986 mandated the establishment of the Systematic Alien Verification for Entitlements (SAVE) Program. SAVE enables states and federal assistance programs

to exchange information regarding the immigration status of aliens applying for benefits under certain programs, including Medical Assistance.

Applicants for Medical Assistance programs must declare in writing **and provide verification** that they are United States citizens or nationals, or that they are in "satisfactory immigration status." The DHS/SAV-1 is used for the declaration of citizenship or alienage.

Verification of U.S. citizenship or naturalized citizen status is accomplished by the applicant providing a valid birth certificate, U.S. passport or other acceptable documentation (see sections 304.05.10 - 304.05.20).

To be considered in "satisfactory immigration status," an applicant must provide either:

- o Alien registration documentation of proof of immigration registration from the INS containing the alien's admission or file number; or
- o Such other documents as constitute reasonable evidence of satisfactory immigration status (see sections 0304.05.25 - 0304.05.35).

For SAVE participation and procedural requirements, see 0104.40 through 0104.75.

0304.05.10.05 Verification of Citizen Status

REV:06/1994

REV:07/2006

In order to conform with the requirements of the federal Deficit Reduction Act of 2005 the following items listed below constitute documentation of both United States citizenship and identity. Applicants and/or recipients submitting the following documentation, need submit only one (1) of the following items to verify United States citizenship and identity:

- **A United States Passport;**
- **A Certificate of Naturalization (DHS Forms N-550 or N-570);**
- **A Certificate of United States Citizenship (DHS Forms N-560 or N-561), or**

- A driver's license if the State requires proof of citizenship before issuing the license.

An applicant and/or recipient who does not submit one of the documents listed above, must submit at least one (1) document from each of the following lists in order to document both citizenship and identity.

CITIZENSHIP:

- A U.S. birth certificate bearing the embossed seal of the issuing agency.
- A hospital birth record made at the time of birth in one of the fifty (50) States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam (on or after April 10, 1899), the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands. (Unless the person was born to foreign diplomats residing in one of the preceding jurisdictions of the U.S.—such individuals are not citizens of the United States.)
- A religious record of birth recorded in the United States Or its Territories within three (3) months of birth, which indicates a U.S. place of birth. The document must show either the date of birth or individual's age at the time the record was made.
- A Report of Birth Abroad of a U.S. Citizen (Form FS-240) A Certification of birth issued by the Department of Homeland Security (DHS Form FS-545 or DS-1350).
- A U.S. Citizen I.D. card (DHS Form I-197).
- A Northern Mariana Identification Card. (Issued by the INS to a collectively naturalized citizen fo the United States who was born in the Northern Mariana Islands before November 3, 1986.)
- An American Indian Card issued by the Department of Homeland Security with the classification code "KIC". (Issued by DHS to identify U.S. citizen members fo the Texas Band of Kickapoos living near the U.S./Mexican border.)
- An affidavit made by tow (2) blood relatives of the applicant or recipient who have personal knowledge of the event(s)

establishing the applicant's/recipient's claim of citizenship
the United States.

~~o Birth Certificate;~~

~~o Religious document such as a baptismal record, recorded
within three months of birth showing that the birth
took place in the United States;~~

~~o United States passport;~~

~~o Report of Birth Abroad of a Citizen of the United
States (Form FS-240)~~

~~o Certification of Birth (Form FS-545);~~

~~o United States Citizen I.D. Card (I-97);~~

~~o Naturalization Certification (N-550); or~~

~~o Certificate of Citizenship (N-560).~~

Various "documents" issued by an organization called the World Council of Washington, D.C. are considered bogus and unacceptable as evidence of identity, citizenship, age, etc., for enumeration or other official purposes. These "documents" include: World Birth Certificates, World Citizen Cards, World Identity Cards, and World Marriage Certificates.

IDENTITY:

- A current State driver's license bearing the individual's Photograph.
- A State issued identity card issued to a non-driver bearing The individual's photograph, for which the State required proof of identity as a condition of issuing the identity document.
- Any other document the State finds establishes the true identity of the applicant/recipient.

CHILDREN

Children born in the United States are U.S. citizens regardless of the citizenship of their parents.

As children do not generally possess a passport or other form of identification bearing a photograph, a child's identity may use a birth certificate, a match with vital statistics, or an affidavit to establish both the child's citizenship and identity.

0304.05.15.05

Verification of Repatriate Status

REV:06/1994

REV:07/2006

Verification of repatriate status is made by documenting United States citizenship with one of the following:

- ~~— o — Birth Certificate;~~
- ~~— o — Religious document such as a baptismal record, recorded within three months of birth showing that the birth took place in the United States;~~
- ~~— o — United States passport;~~
- ~~— o — Report of Birth Abroad of a Citizen of the United States (Form FS-240);~~
- ~~— o — Certification of Birth (Form FS-545);~~
- ~~— o — United States Citizen I.D. Card (I-97);~~
- ~~— o — Naturalization Certification (N-550); or~~
- ~~— o — Certificate of Citizenship (N-560).~~
- A U.S. birth certificate bearing the embossed seal of the issuing agency.
- A hospital birth record made at the time of birth in one of the fifty (50) States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam (on or after April 10, 1899), the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands. (Unless the person was born to foreign diplomats residing in one of the preceding jurisdictions of the U.S.— such individuals are not citizens of the United States.)
- A religious record of birth recorded in the United States

Or its Territories within three (3) months of birth, which indicates a U.S. place of birth. The document must show either the date of birth or individual's age at the time the record was made.

- A Report of Birth Abroad of a U.S. Citizen (Form FS-240)
A Certification of birth issued by the Department of Homeland Security (DHS Form FS-545 or DS-1350).
- A U.S. Citizen I.D. card (DHS Form I-197).
- A Northern Mariana Identification Card. (Issued by the INS to a collectively naturalized citizen fo the United States who was born in the Northern Mariana Islands before November 3, 1986.)
- An American Indian Card issued by the Department of Homeland Security with the classification code "KIC". (Issued by DHS to identify U.S. citizen members fo the Texas Band of Kickapoos living near the U.S./Mexican border.)
- An affidavit made by tow (2) blood relatives of the applicant or recipient who have personal knowledge of the event(s) establishing the applicant's/recipient's claim of citizenship the United States.

0348.20

NON-FINANCIAL REQUIREMENTS

REV:10/2005

REV:07/2006

To be eligible for the Rite Care program a family must meet the program's non-financial, financial and cooperation requirements.

BASIC NON-FINANCIAL REQUIREMENTS

All participants in the Rite Care program must meet basic Medical Assistance eligibility criteria.

Applicants for Rite Care, Section 1931 or MA Family Waiver coverage using either the combined application form or the mail-in application form must meet the following requirements:

- Provide proof of citizenship for citizen members of the Applicant Unit. Please refer to Section 0304.05.10.05 for a complete list of documents which may be used to verify citizenship.
- Provide proof of identity for all members of the Applicant Unit. Please refer to Section 0304.05.10.05 for a complete list of documents which may be used to verify identity.
- Provide a valid Social Security number (SSN) for all members of the Applicant Unit. This requirement is waived for undocumented aliens who cannot obtain a Social Security number. Social Security numbers need not be verified by documents submitted by the applicant, but are subject to verification by DHS staff. Non-applicant members of the Financial Unit are encouraged to provide a SSN voluntarily, if they have one, to facilitate verification of income and determinations of continuing eligibility. However, unwillingness on the part of a non-applicant to provide a SSN upon request cannot be used as a basis for denying eligibility to a member of the Applicant Unit who has met this requirement and provided a SSN;
- Provide proof of immigration status or information regarding other alien status for non-citizen members of the Applicant Unit only. Pregnant women and children under the age of nineteen (19) who are unable to document their immigration status may be eligible for Rite Care under State-Funded coverage groups. (See Sections 0348.10.10.05 and 0348.10.10.15). Non applicant members of the Financial Unit, who work for employers offering health insurance, are asked for general information about citizenship status (e.g., citizen versus qualified immigrant). This information is used to determine whether employer contact is necessary for the purposes of Rite Share. No employer contact is made for non-applicants who are not US citizens, or who do not have qualified immigration status, as they are generally prohibited from receiving MA through Rite Share or Rite Care under State and federal law.
- Meet the MA relationship requirement for Section 1931 or Family Waiver coverage. Self report of

relationship on the signed MA application form is sufficient verification of this requirement, unless the information provided is inconsistent with related documentation known to or on record with DHS. Relationship is not required for Poverty Level/Rite Care children. (See DHS Manual Sections 0328.10 for relationship requirement and 0328.10.05 for verification of relationship);

- o Reside in the State of Rhode Island. A Rhode Island address on the MA application form is sufficient for this requirement, unless it is inconsistent with other documented information known to DHS. Non-citizens who hold Temporary Visitors Visas must establish and provide appropriate evidence verifying an intent to stay and live in Rhode Island in order to meet this requirement for MA eligibility;
- o Not reside in a public institution, including correctional facilities and public psychiatric hospitals.

ADDITIONAL NON-FINANCIAL REQUIREMENTS

- o Provide proof of pregnancy, if appropriate;
- o Provide information on health insurance status.

COOPERATION REQUIREMENTS

- o Third Party Liability (TPL)

Third Party Liability (TPL) refers to any individual, entity (e.g., insurance company) or program (e.g., Medicare) that may be liable for all or part of a Rite Care member's health coverage. Under Section 1902(a)(25) of the Social Security Act, the DHS is required to take all reasonable measures to identify legally liable third parties and treat verified TPL as a resource of the Medical Assistance recipient.

The Rite Care applicant is required to furnish information on the application form about all sources of TPL.

The health plan and the State are responsible for identifying and pursuing TPL for individuals covered by employer-sponsored health insurance plans through the Rite Share program.

DHS reserves the discretion to provide Medical Assistance wrap around coverage, as an alternative to coverage in a Rite Care plan, to an eligible individual who has comprehensive health insurance through a liable third party, including (but not limited to) absent parent coverage. Such wrap around coverage must be equivalent in scope, amount and duration to that provided to MA eligible individuals enrolled in ESI through the Rite Share program (Section 0349) and include payment for: any cost-sharing obligations in excess of the amounts established in Section 0348.40; and MA required health care services not covered by the other source of health insurance.

- o Referral to Child Support Enforcement

With the exception of pregnant women, the eligibility technician or Family Independence Program social caseworker must refer all families with an absent parent to the Department of Administration, Division of Taxation, Child Support Enforcement. As a condition of eligibility, the applicant/recipient is required to cooperate in establishing the paternity of a child born out of wedlock for whom the applicant/recipient can legally assign rights and in obtaining medical care support and medical care payments for himself/herself, as well as for any other person for whom the applicant/recipient can legally assign rights. The applicant/recipient is also required to cooperate in identifying and providing information to assist Child Support Enforcement in pursuing any third party which may be liable to pay for care and services provided by MA. Notwithstanding this requirement, Medical Assistance may not be withheld from any child because of an adult's failure to cooperate with Child Support Enforcement.

Every applicant or recipient has the right to claim good cause for refusal to cooperate in child support

enforcement. To claim good cause there must be a verifiable on-going reason for the individual to not cooperate.

The applicant or recipient is given an opportunity to claim good cause for refusing to cooperate. An AP-35 is read by the applicant, explained by the eligibility technician or Family Independence Program social caseworker and signed and dated, in duplicate, by each. The applicant/recipient retains a copy. The second copy is filed in the case record.

If good cause is claimed, the applicant/recipient is advised that she/he must state the basis of the claim and must present corroborative evidence within twenty (20) days of the claim; or, she/he must provide sufficient information to enable the investigation of the existence of the circumstance; or, provide sworn statements from individuals to support the claim as specified on the AP-35.

A determination of good cause is based on the Evidence supplied which establishes the claim; or, an investigation by the agency of the circumstance which confirms the claim; or, a combination of evidence and investigation; or, when the claim is one of anticipated physical harm without evidence, the investigation supports the creditability of the claimant. The determination as to whether good cause does or does not exist should be made within thirty (30) days of the good cause claim unless the record documents that the agency needs additional time because the information required to verify the claim cannot be obtained within the time standard.

If the reason the information is not available is That the client did not present the corroborative Evidence within twenty (20) days of the claim, the record must document that the agency determined that the applicant/recipient required additional time to obtain the evidence, the amount of additional time allowed and that this decision had supervisory approval.

The final determination that good cause does or does not exist, including the findings and basis for the

decision, must be included in the case log. The final determination is the responsibility of the eligibility technician or the Family Independence Program social caseworker.

A review of the good cause decision must be made at each Determination of Continuing Eligibility (DOCE). If it is determined that circumstances have changed such that good cause no longer exists, there must be enforcement of the cooperation requirements.

- o Cost Sharing Requirements

Certain families and children one (1) year of age and over are subject to cost sharing requirements. These individuals must cooperate in making required premium payments in order to remain eligible for Medical Assistance. Failure to make a required premium payment, without good cause, will result in disenrollment from the health plan and loss of MA eligibility for a period of three (3) months. (Section 0348.40)

NOTE: Pregnant women whose countable family income is above two hundred fifty percent (250%) but not exceeding three hundred fifty percent (350%) of FPL must pay the full State negotiated capitation rate to the health plan in addition to the schedule of point-of-service co-payments.

0372.05.35

Application Process

~~REV:10/1999~~

REV:07/2006

DHS provides two distinct application processes for individuals and members of couples who are requesting Medicare Premium Payment Program benefits. They are:

- o Combined Application (Forms DHS-1 and DHS-2)

Individuals and couples applying for all covered Medical Assistance benefits complete the DHS-1

(Application) and DHS-2 (Statement of Need) forms. Such applicant is entitled to have eligibility determined under any and all coverage groups for which he/she may qualify, including Medicare Premium Payment Program benefits. Information about the benefits available under each appropriate coverage group must be provided to the individual at the time of application. If an applicant does not specifically and voluntarily choose to have his/her eligibility determined under a specific coverage group only, eligibility is determined for all potential coverage groups.

O Streamlined Application (Form MPP-1)

Individuals and couples applying only for Medicare Premium Payment Program benefits may complete the MPP-1 application form and mail it to the DHS office. The application date is the date the signed form is received in the DHS office.

Applicants and/or recipients are required to provide documentation of both citizenship and identity. Please refer to Section 0304.05.10.05 for a complete list of documents which may be used to verify both citizenship and identity.

To reduce barriers to eligibility for Medicare Premium Payment Program applicants, required verification is obtained from the individual's Social Security record. The State Verification and Exchange System (SVES) is used whenever possible to verify the applicant's date of birth, residency, social security number, social security income, Medicare Claim Number and Medicare Enrollment. Citizenship/alienage is pre-determined by the Social Security Administration and that requirement is met with Medicare enrollment. This verification must be obtained before eligibility is approved.

Initial eligibility is not delayed while verification of income other than Social Security and resources is pending, providing that the information contained in the application does not conflict with other information provided by the applicant, information contained in other DHS applications, or other documented information known to DHS. Income other than Social Security and resources are verified with the applicant's consent by DHS Health Care Quality, Financing and Purchasing personnel at Central Office. As a condition of continued eligibility, the applicant/recipient must cooperate in the verification process by either a) providing verification of income and resources or b) giving consent to DHS to obtain such verification.

Information and/or documentation obtained in verification process is referred to the appropriate DHS field office for any necessary action.

A decision on an application for Medicare Premium Payment Program benefits must be made within thirty (30) days of the receipt of the signed application form in the DHS office.

0376.10

ELIGIBILITY REQUIREMENTS

REV:01/2002

REV:07/2006

The rules regarding determinations of eligibility for institutionalized individuals differ from the rules for community residents with respect to:

- o Income limits;
- o Consideration of the income of an institutionalized individual with a community spouse;
- o The procedures utilized in the flexible test of income;
- o Evaluation of the resources of an institutionalized individual with a community spouse; and,
- o The impact of resource transfers.

In addition to income and resource eligibility, institutionalized applicants for MA must meet the technical and characteristic requirements of the program and require an institutionalized level of care.

The technical requirements for eligibility are:

- o Level of care;
- o Residency;
- o Enumeration;
- o Citizenship/Alienage;
- o Identity;**
- o Accessing potential income and resources; and,

- o Cooperation in making income/resources available.

An individual must have a characteristic. The characteristics are:

- o Age (65 years or older);
- o Blindness;
- o Disability; and/or,
- o An AFDC-related characteristic.

The Long Term Care Unit within the Division of Medical Services at CO and Long Term Care/Adult Services (LTC/AS) field staff are responsible for determinations involving institutionalized individuals who apply for MA. An institutionalized individual who receives SSI or FIP is automatically Categorically Needy and receives the full scope of services. However, if an eligible institutionalized individual has made a prohibited transfer of resources, the transfer may render the individual ineligible for MA payment of nursing facility care for up to thirty (30) months.

Once eligibility for Medical Assistance and eligibility for payment of nursing facility services is determined, LTC/AS staff evaluate the individual's income to determine the amount the individual must pay toward the cost of care in the institution.